Application or Docket Number

Effective October 1, 2001												20	
CLAIMS AS FILED - PAR (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS						E	FEE	1	RATE	FEE		
FC)R	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00		
TC	TAL CHARGEA	minus 20=		*		X\$ 9=			OR	X\$18=			
INE	DEPENDENT CI	minus 3 =		*		X42	-		1	X84≃			
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		!	$\neg \neg$	l ——			OR	704≅		
* 14	Ab a 21111 au	in	loop than zoro, anter		# a # :		+140	=		OR	+280=	· 	
11			less than zero, enter "0" in column 2			TOTAL			OR	TOTAL			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column								NTITY	OR	OTHER SMALL I		
V		(Column 1) CLAIMS		HIGH	IEST	(Column 3)	- SINIA	1	ADDI-	l I	SWALL	ADDI-	
AMENDMENT /		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONA FEE	
Š	Total	. 2	Minus,	* 2	<u> </u>	=	X\$ 9	=		OR	X\$18=		
A WE	Independent	* Z	Minus	***	3		X42=			OR	X84=		
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140:		-	OR	+280=		
							TOT			00	TOTAL		
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	EE L		JOI 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
Š	Total	*	Minus	**		=	X\$ 9	. [OR	X\$18≃		
ME	Independent	*	Minus	***		=	X42=	7		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╅		UR			
				•			+140= TOT	L		OR	+280=		
							ADDIT. FI		لينب	OR ,	TOTAL ADDIT. FEE		
_	marker Kons	(Column 1) CLAIMS	ENG FOURTH	(Colur		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
\ME	Independent	*	Minus	***		= .	X42=	+			X84=		
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		A425	╬		OR	704=		
* 1	f the entry in colum	nn 1 ia laga than th			"O" in		+140=			OR	+280=		
. **	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										TOTAL ADDIT. FEE		
	The "Highest Num	mber Previously Pa ber Previously Pai	aid ror" IN TH! d For" (Total oi	S SPACE I	s iess tha ent) is the	n ಅ, enter "3." highest number			opriate box				

FORM PTO-875 (Rev 8/01)